

Online Exams: Special Consideration Request Form

Learner name:	
Learner email address:	
ULN (Unique Learner Number)	
ATP name:	
Course title:	
Course start date:	
Course end date:	
Date of exam:	
Name of tutor:	
<p>Please explain the circumstances that affected your exam performance.</p> <p>Please provide evidence to support your statement e.g. doctor's note</p>	
Learner's signature:	
Date:	

Please email the completed form and supporting documentation to assessment@quality.org